

FILED JAN 17 1951

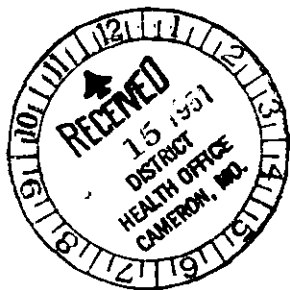
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

578

State File No.

BIRTH NO.		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5292</u> Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL PLATTE TOWNSHIP 6 WKS</u> c. LENGTH OF STAY (in this place) <u>6 WKS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 MILES EAST OF SMITHVILLE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0486</u> d. STREET ADDRESS (If rural, give location) <u>1015 WEST MAPLE</u>		
3. NAME OF DECEASED a. (First) <u>CECIL</u> b. (Middle) <u>SCOTT</u> c. (Last) <u>SCOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 5 1951</u>		
5. SEX <u>FE</u>	6. COLOR OR RACE <u>WH</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 26, 1885</u>	9. AGE (In years last birthday) <u>65</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>WILLIAMS HOLMES</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA A. SHEPHERD</u>		14. NAME OF HUSBAND OR WIFE <u>MARTIN AKER SCOTT 1946</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARJORIE ATKINS</u> ADDRESS <u>SMITHVILLE MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperstatic Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Cardiac Defect</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-16-1950</u> , to <u>Jan. 5, 1951</u> , that I last saw the deceased alive on <u>Jan. 4, 1951</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. L. Johnson</u>		23b. ADDRESS <u>2 Oakland Mo</u>		23c. DATE SIGNED <u>1-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>SMITHVILLE MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCOMAS FUNERAL HOME</u> ADDRESS <u>SMITHVILLE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 7-51</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JAN 19 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Donald W. Hanks

Licensed Embalmer No. *45-28*

P. O. Address *Smithville, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.